



## Employee Information Record

Oracle Employee ID #:

COMPANY	<input checked="" type="checkbox"/> APC	<input type="checkbox"/> APEL	<input type="checkbox"/> HCC	<input type="checkbox"/> HCC/NANA	<input type="checkbox"/> NATCHIQ
ARC ARCO OPERATIONS DEPARTMENT	<input type="checkbox"/> APC/WOOD	<input type="checkbox"/> GLOBAL PC	<input type="checkbox"/> Rehire	<input type="checkbox"/> Return From Leave of Absence	<input type="checkbox"/> Information Change-Only
	<input checked="" type="checkbox"/> New Hire	<input type="checkbox"/> From:	<input type="checkbox"/> To:	Supervisor's Release:	
	<input type="checkbox"/> Transfer				

## PERSONAL INFORMATION

(USE BLACK INK PLEASE)

Kuparuk Emp No.

Last Name: Gilbert First Name: John MI:  Male Social Security #: Date of Birth  
526-77-3420

Primary Address: HC 67 Box 2049 City: McCall State: IDAHO Zip: 83226  
 Secondary Address: City: State: Zip:

Telephone: 208-879-5186Emergency Contact (Name): CINDY CROSSEmergency Telephone: (208) 879-5186 (208) 879-2364ASRC Shareholder?  Yes  NoIs Spouse an ASRC Shareholder?  Yes  NoX 517

Previously Employed by ASRC or a Subsidiary?

Original Employment

Name(s) Spouse:

 Yes  No

Company:

Separation Date:

Previous Supervisor:

## EMPLOYMENT INFORMATION

(OFFICE USE ONLY)

JVA NO.

Organization:

APC ARCO OPERATIONS DEPT

 Exempt Non-ExemptJob Code: 2626 00005. Shift. S2 SF H Spec PointEffective Date: 1/30/01Title: SAFETY SPECIALISTRate of Pay: \$ 350.00 Hourly  Day Rate  SalaryLocation: KuparukStandard Work Week Hours: 70 Full-time - Regular PT Reg <18 hours PT Reg >30 hoursWorkers' Comp Code: 068840 Full-time - Temporary PT Reg >20 hours Part-time - TemporaryProject No. 2626

Aces:

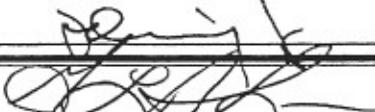
Union No.: 167754

## SIGNATURES

By signing below, the employee acknowledges they have read, understand and agree to the above information. A copy of this form will be provided to the employee. Natchiq offers Automatic Payroll Deposit to all employees. If an employee waives Automatic Payroll Deposit, the employee's payroll check will be forwarded to their respective work site each Friday.

Employee Signature: John D. GilbertDate Signed: 1/31/01Witness Signature: Mark ParmerDate Signed: 1-31-01Immediate Supervisor: Donald M. KirkDate Signed: 1/10/01Department Manager: John D. GilbertDate Signed: 1/10/01

APC0032

COMPANY ARCO OPERATIONS DEPARTMENT	<input checked="" type="checkbox"/> APC	<input type="checkbox"/> APEL	<input type="checkbox"/> HCC	<input type="checkbox"/> HCC/NANA	<input type="checkbox"/> NATCHIQ
	<input type="checkbox"/> APC/WOOD	<input type="checkbox"/> GLOBAL PC			<input type="checkbox"/> OMEGA
	<input checked="" type="checkbox"/> New Hire	<input type="checkbox"/> Rehire	<input type="checkbox"/> Return From Leave of Absence	<input type="checkbox"/> Information Change Only	
	<input type="checkbox"/> Transfer	From: To:	Supervisor's Release: _____		
PERSONAL INFORMATION		(USE BLACK PEN PLEASE)			Kuparuk Emp No. 6804
Last Name Gilbert	First Name John	MI D	Male <input checked="" type="checkbox"/>	Social Security # 526-77-3420	Date of Birth 12/07/63
Primary Address HC 67 Box 2049	City CHALLIS	State IDAHO	Zip 83226		
Secondary Address 3.5 mi west of Hwy 75 & 93 Junction	City CHALLIS	State ID	Zip 83226		
Telephone 208-879-5186	Emergency Contact (Name) CINDY GILBERT	Emergency Telephone (208) 879-5186 H			W (208) 879-2304 X 517
ASRC Shareholder? <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Is Spouse an ASRC Shareholder? <input type="checkbox"/> Yes		<input type="checkbox"/> No	
Name of Spouse:					
Previously Employed by ASRC or a Subsidiary?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Company:		
Original Employment Date	Separation Date:		Previous Supervisor:		
EMPLOYMENT INFORMATION		(OFFICE USE ONLY)			JVA NO.
Classification: APC ARCO OPERATIONS DEPT 2626	<input type="checkbox"/> Exempt			<input type="checkbox"/> Non-Exempt	
Job Code: 60000. Staff. Sq. Safety. Specialist Safety	Effective Date: 1/30/01			Title: SAFETY SPECIALIST	
Location: Kuparuk	Rate of Pay \$ 350.00 <input type="checkbox"/> Hourly			<input checked="" type="checkbox"/> Day Rate <input type="checkbox"/> Salary	
<input type="checkbox"/> Full-time - Regular	<input type="checkbox"/> PT Reg <19 hours	<input type="checkbox"/> PT Reg >30 hours	Standard Work Week Hours: 70		
<input type="checkbox"/> Full-time - Temporary	<input type="checkbox"/> PT Reg >20 hours	<input type="checkbox"/> Part-time - Temporary	Workers' Comp Code: 068810		
			Project No.: 2626 Aces: Union No.: 1677541		
SIGNATURES					
Employee Signature: John D. Gilbert	Date Signed: 2/2/01				
Witness Signature:	Date Signed:				
Immediate Supervisor: Ronald M. Kirk	Date Signed: 1/10/01				
Department Manager: 	Date Signed: 1/10/01				
				2/1/01	

APC0031

**Voluntary Benefit Program Enrollment Form**

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Guarantee Life Insurance Company P.O. Box 2010 Omaha, NE 68103

**GENERAL INFORMATION**

Policy Number: <u>0002000</u>	Division Number <u></u>	Employer Name: <b>Natchiq, Inc.</b>		
Employee Name: <u>John GILBERT</u>	<input type="checkbox"/> Female	Date of Birth <u>12/17/63</u>	Social Security Number <u>526 177 13420</u>	State of Birth <u>TX</u>
Spouse Name: <u>N/A</u>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth <u>N/A</u>	Social Security Number <u>/ N/A /</u>
Street Address: <u>HC 67 Box 2049</u>	Home Phone (208) 679-5186		<input type="checkbox"/> Single	Date of Hire
City/State/Zip: <u>CHALLIS, IDAHO 83226</u>	Work Phone (901) 659-7569		<input checked="" type="checkbox"/> Married	<u>2/11/01</u>
Employee Occupation (Specific Duties): <u>Health Safety, Environmental Specialist</u>	Earnings <u>\$ +80K</u>	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Yearly	Hours worked per week <u>+70</u>

**VOLUNTARY BENEFIT PROGRAM** **Voluntary Short-term Disability**

Elimination Period

 1 Day Injury/8 Day Sickness

Benefit Duration

 26 Week Benefit

Weekly Benefit Amount \$

600

Total Premium

\$ 45.60**REQUEST FOR COVERAGE**

The Voluntary Benefit Program has been offered to me and after seriously considering the benefit, I have decided to: (Please indicate your choice)

REQUEST COVERAGE for which I am or may become eligible under the group policies issued by Guarantee Life Insurance Company. I also: (1) authorize any required deductions from my earnings; (2) name the beneficiary on this Enrollment Form to receive any benefits payable in the event of my death; (3) represent that my answers under the "Statement of Health" on the back of this Enrollment Form are true and complete, and that information on each item answered "yes" has been fully disclosed; and (4) understand that to be eligible, I must be a permanent employee working at least 30 hours per week.

NOTE: If you have chosen to participate in the Voluntary Benefit Program(s), please review the Authorization and sign below.

NOT ENROLL myself or dependents in the Program. I understand that if I apply for coverage at a later date, and if a physical examination or further medical information is required, it will be at my own expense.

**THE AUTHORIZATION BELOW MUST BE SIGNED AND DATED OR THE ENROLLMENT FORM WILL BE RETURNED**

This authorization applies to any physician, medical professional, hospital, clinic, other medically related facility, insurance or reinsurance company, the Medical Information Bureau, Inc., (MIB), consumer reporting agency or employer, having: (1) information about the diagnosis, treatment or prognosis of any physical or mental condition of me or my minor children; or (2) any other non-medical information about me or my minor children.

I authorize the above sources to give Guarantee Life Insurance Company, its reinsurers, or any of the above sources (except the MIB) such information. I understand Guarantee Life Insurance Company will use the information obtained with this Authorization to determine eligibility for insurance, and will release such information only: (1) to reinsurance companies, the MIB, or other persons or organizations performing business or legal services in connection with my application; or (2) as I may further authorize or as may be lawfully required. I know that I may request a copy of this Authorization, and acknowledge receipt of the Notice of Information Practices. I agree this Authorization shall be valid for 2 1/2 years from the date shown below, and that a photocopy shall be as valid as the original.

Signed this 23 day of March, 2001

Signature of Employee:

John D. GilbertDate: 3-23-01

The insurance requested on this enrollment form will not be effective until approved by the Home Office of Guarantee Life Insurance Company, and the initial premium is paid to Guarantee Life Insurance Company. A delayed effective date will apply if the employee is not actively at work, or a dependent is in a period of limited activity on the date insurance would otherwise take effect.

NATCHIQ, INC.

COMPANY	<input checked="" type="checkbox"/> APC	<input type="checkbox"/> APEL	<input type="checkbox"/> HCC	<input type="checkbox"/> HCC/NANA	<input type="checkbox"/> NATCHIQ
APC - HILLIPS OPERATIONS DEPARTMENT	<input type="checkbox"/> APC/WOOD	<input type="checkbox"/> GLOBAL PC			<input type="checkbox"/> OMEGA
	<input type="checkbox"/> New Hire	<input type="checkbox"/> Rehire	<input type="checkbox"/> Return From Leave of Absence	<input checked="" type="checkbox"/> Information Change Only	<i>Rate change</i>
	<input type="checkbox"/> Transfer	From: To:	Supervisor's Release:		

## PERSONAL INFORMATION

(USE BLACK PEN PLEASE)

Kuparuk Emp No. 6804

Last Name <i>GILBERT</i>	First Name <i>John</i>	MI <i>D</i>	<input checked="" type="checkbox"/> Male	Social Security # <i>526-77-3420</i>	Date of Birth <i>12/1/63</i>
Mailing Address		City		State	Zip
Physical Address		City		State	Zip
Telephone	Emergency Contact (Name)		Emergency Telephone		

ASRC Shareholder?  Yes  No Is Spouse an ASRC Shareholder?  Yes  No

Name of Spouse: \_\_\_\_\_

Previously Employed by ASRC or a Subsidiary?  Yes  No Company: \_\_\_\_\_

Original Employment Date: \_\_\_\_\_ Separation Date: \_\_\_\_\_ Previous Supervisor: \_\_\_\_\_

## EMPLOYMENT INFORMATION

(OFFICE USE ONLY)

JVA NO.

Organization: APC PHILLIPS OPERATIONS DEPT

Job Code: 00000.CEPT. STAFF

SAFETY SPECIALIST L

Location: KUPARUK

 Full-time -- Regular  
 Full-time -- Temporary PT Reg<19 hours  
 PT Reg>20 hours PT Reg>30 hours  
 Part-time -- Temporary Exempt  Non-Exempt

Effective Date: 6/18/01 Title: SAFETY SPECIALIST

Rate of Pay \$ 425

 Hourly  Day Rate  Salary

Standard Work Week Hours: 70

Workers' Compensation Code: 005/06

Project No. 2425 ACES Code: 16775C

## SIGNATURES

By signing below, the employee acknowledges they have read, understand and agree to the above information. A copy of this form will be provided to the employee. Natchiq offers Automatic Payroll Deposit to all employees. If an employee waives Automatic Payroll Deposit, the employee's payroll check will be forwarded to their respective work site each Friday.

Employee Signature: *John Gilbert*

Date Signed: 6/15/01

Witness Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Immediate Supervisor: *Scot McLean*

Date Signed: 6/15/01

Dept. Manager: *John Gilbert*

Date Signed: 6/15/01



<b>COMPANY</b>		<input checked="" type="checkbox"/> APC	<input type="checkbox"/> APEL	<input type="checkbox"/> HCC	<input type="checkbox"/> HCC/NANA	<input type="checkbox"/> NATCHIQ
APC PHILLIPS OPERATIONS DEPARTMENT		<input type="checkbox"/> APC/WOOD	<input type="checkbox"/> GLOBAL PC			<input type="checkbox"/> OMEGA
		<input type="checkbox"/> New Hire	<input type="checkbox"/> Rehire	<input type="checkbox"/> Return From Leave of Absence	<input checked="" type="checkbox"/> Information Change Only	
		<input type="checkbox"/> Transfer	<i>From:</i> <i>To:</i>	Supervisor's Release:		
<b>PERSONAL INFORMATION</b>		<b>(USE BLACK PEN PLEASE)</b>			<b>Kuparuk Emp No.</b>	
Last Name <b>GILBERT</b>		First Name <b>JOHN D</b>	MI	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Social Security # <b>526-77-3420</b>	Date of Birth <b>12/7/63</b>
Mailing Address <b>HC 67 BOX 2049</b>		City <b>CHALIS</b>	State <b>CHALIS</b>	Zip <b>83226-</b>	ID	
Physical Address <b>HC 67 Box 2049</b>		City <b>CHALIS</b>	State <b>CHALIS</b>	Zip <b>83226-</b>	ID	
Telephone <b>(208) 879-5186</b>		Emergency Contact (Name) <b>CINDY GROSS GILBERT</b>	Emergency Telephone <b>(208) 879-2304 X 517</b>			
ASRC Shareholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is Spouse an ASRC Shareholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Name of Spouse: _____						
Previously Employed by ASRC or a Subsidiary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Company: _____						
Original Employment Date: _____ Separation Date: _____ Previous Supervisor: _____						
<b>EMPLOYMENT INFORMATION</b>		<b>(OFFICE USE ONLY)</b>			<b>JVA NO.</b>	
Organization: <b>APC PHILLIPS OPERATIONS DEPT</b>					<input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt
Job Code: <b>00000.Staff.SupSfty.J.Supervisor Safety</b>					Effective Date:	Title: <b>Supervisor, Safety</b>
Location: <b>KUPARUK</b>					Rate of Pay \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Day Rate <input type="checkbox"/> Salary	
<input checked="" type="checkbox"/> Full-time -- Regular <input type="checkbox"/> Full-time -- Temporary		<input type="checkbox"/> PT Reg<19 hours <input type="checkbox"/> PT Reg>20 hours	<input type="checkbox"/> PT Reg>30 hours <input type="checkbox"/> Part-time -- Temporary	Standard Work Week Hours:		
					Workers' Compensation Code: <b>005606</b>	
					Project No.: <b>626</b>	ACES Code: <b>17900J</b>
<b>SIGNATURES</b>						
By signing below, the employee acknowledges they have read, understand and agree to the above information. A copy of this form will be provided to the employee. Natchiq offers Automatic Payroll Deposit to all employees. If an employee waives Automatic Payroll Deposit, the employee's payroll check will be forwarded to their respective work site each Friday.						
Employee Signature: _____		Date Signed: _____				
Witness Signature: _____		Date Signed: _____				
Immediate Supervisor: _____		Date Signed: _____				
Department Manager: _____		Date Signed: _____				



NATCHIQ, INC.

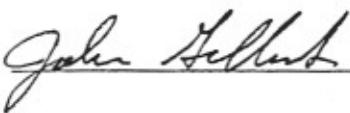
Oracle Employee ID #: 7480

COMPANY	<input checked="" type="checkbox"/> APC	<input type="checkbox"/> APEL	<input type="checkbox"/> HCC	<input type="checkbox"/> HCC/NANA	<input type="checkbox"/> NATCHIQ
APC PHILLIPS OPERATIONS DEPARTMENT	<input type="checkbox"/> APC/WOOD	<input type="checkbox"/> GLOBAL PC			<input type="checkbox"/> OMEGA
	<input type="checkbox"/> New Hire	<input type="checkbox"/> Rehire	<input type="checkbox"/> Return From Leave of Absence	<input checked="" type="checkbox"/> Information Change Only	<input type="checkbox"/> Rate Increase with Position Change
	<input type="checkbox"/> Transfer	From: To:	non union transfers only	Supervisor's Release:	

PERSONAL INFORMATION		(USE BLACK PEN PLEASE)		Kuparuk Emp No.	6804
Last Name	First Name	MI	<input checked="" type="checkbox"/> Male	Social Security #	Date of Birth
Gilbert	John	D	<input type="checkbox"/> Female	526-77-3420	12/7/63
Mailing Address	City		State	Zip	
Physical Address	City		State	Zip	
Telephone	Emergency Contact (Name)		Emergency Telephone		
ASRC Shareholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Spouse an ASRC Shareholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Name of Spouse: _____					
Previously Employed by ASRC or a Subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company: _____				
Original Employment Date: _____	Separation Date: _____	Previous Supervisor: _____			
EMPLOYMENT INFORMATION		(OFFICE USE ONLY)		JVA NO.	
Organization: APC PHILLIPS OPERATIONS DEPT	<input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt				
Job Code: 00000.Graft. SupSfty. J. Supervisor Safety	Effective Date: 1/3/2002 Title: Safety Supervisor				
Location: KUPARUK	Rate of Pay \$ 475.00 <input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Day Rate <input type="checkbox"/> Salary				
<input checked="" type="checkbox"/> Full-time -- Regular <input type="checkbox"/> Full-time -- Temporary	<input type="checkbox"/> PT Reg<19 hours <input type="checkbox"/> PT Reg>20 hours	<input type="checkbox"/> PT Reg>30 hours <input type="checkbox"/> Part-time -- Temporary	Standard Work Week Hours: 70		
Workers' Compensation Code: 008810 office staff					
Project No.: 2624				ACES Code: 17900 J	

## SIGNATURES

By signing below, the employee acknowledges they have read, understand and agree to the above information. A copy of this form will be provided to the employee. Natchiq offers Automatic Payroll Deposit to all employees. If an employee waives Automatic Payroll Deposit, the employee's payroll check will be forwarded to their respective work site each Friday.

Employee Signature: 

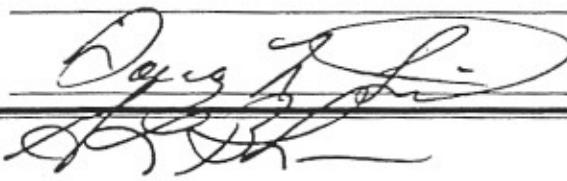
Date Signed: 1-4-02

Witness Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Department Manager: 

Date Signed: 1-4-02

02/2000

1/18/02 Training Server Org Code: \_\_\_\_\_

APC0020